

November 10, 2003

NOTICE OF INDEPENDENT REVIEW DECISION

RE: MDR Tracking #: M2-03-1793-01

___ has been certified by the Texas Department of Insurance (TDI) as an independent review organization (IRO). The ___ IRO Certificate Number is 5348. Texas Worker's Compensation Commission (TWCC) Rule §133.308 allows for a claimant or provider to request an independent review of a Carrier's adverse medical necessity determination. TWCC assigned the above-reference case to ___ for independent review in accordance with this Rule.

___ has performed an independent review of the proposed care to determine whether or not the adverse determination was appropriate. Relevant medical records, documentation provided by the parties referenced above and other documentation and written information submitted regarding this appeal was reviewed during the performance of this independent review.

This case was reviewed by a practicing chiropractor on the ___ external review panel. The reviewer has met the requirements for the ADL of TWCC or has been approved as an exception to the ADL requirement. The ___ chiropractor reviewer signed a statement certifying that no known conflicts of interest exist between this chiropractor and any of the treating physicians or providers or any of the physicians or providers who reviewed this case for a determination prior to the referral to ___ for independent review. In addition, the ___ chiropractor reviewer certified that the review was performed without bias for or against any party in this case.

Clinical History

This case concerns a 48 year-old female who sustained a work related injury on ___. The patient reported that while at work she sustained a repetitive motion injury to her neck and bilateral wrists. The patient was initially diagnosed with bilateral carpal tunnel syndrome and coraco-segmental somatic bilateral thoracic outlet syndrome. The patient was treated with electrotherapy with microcurrent massage and chiropractic manipulation. The patient underwent an EMG/NCV in 11/02 and continued with treatment consisting of physical therapy and chiropractic manipulation.

Requested Services

Repeat Cervical MRI.

Decision

The Carrier's denial of authorization for the requested services is upheld.

Rationale/Basis for Decision

The ___ chiropractor reviewer noted that this case concerns a 48 year-old female who sustained a work related injury to her neck and bilateral wrists on ___. The ___ chiropractor reviewer also noted that the patient was diagnosed with bilateral carpal tunnel syndrome and coraco-segmental somatic bilateral thoracic outlet syndrome. The ___ chiropractor reviewer further noted that the patient has been treated with electrotherapy with micro-current massage and chiropractic manipulation. The ___ chiropractor reviewer explained that the patient underwent several evaluations that failed to show signs of a true radicular component from the cervical spine discs. The ___ chiropractor reviewer indicated that the patient has a moderate bilateral carpal tunnel syndrome that was treated before the request for a repeat cervical MRI was made. The ___ chiropractor reviewer explained that the patient has been diagnosed

with disc degeneration and joint degeneration with signs of foraminal encroachment. The ____ chiropractor reviewer also explained that an MRI of the cervical spine would only be beneficial if there were signs of a herniated nucleus pulposus with a true radiculitis. Therefore, the ____ chiropractor consultant concluded that the requested repeat cervical MRI is not medically necessary to treat this patient's condition at this time.

This decision is deemed to be a TWCC Decision and Order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **10 (ten)** days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within **20 (twenty)** days of your receipt of this decision. (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed. (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings/Appeals Clerk
P.O. Box 17787
Austin, TX 78744
Fax: 512-804-4011

A copy of this decision should be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute. (Commission Rule 133.308(t)(2)).

Sincerely,

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 10th day of November 2003.